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FOR ACTION

COUNTRY PROGRAMME STRATEGY NOTE**

Sri Lanka

SUMMARY

The Executive Director presents the country programme strategy note for Sri Lanka for a programme of cooperation for the period 1997 to 2001.

Sri Lanka has made significant progress in addressing child survival problems and has met most of the decade goals. The programme of cooperation with the Government, communities and non-governmental organizations (NGOs) is focused on the most urgent child development problems of malnutrition, child rights and protection, and disparity reduction, particularly for children and women displaced by civil war. The overall goal of the proposed country programme will be to achieve the survival, development, protection and participation rights of all children. Beyond attention to major child development issues, the programme aims to strengthen child protection activities and promote child participation.

The new country programme will reflect a further shift towards a strategy of capacity-building, empowerment and advocacy. There is more reliance on community mobilization, supported by NGOs and local governments. A service delivery strategy also is included to assist displaced populations and those directly affected by the continuing armed conflict.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

THE SITUATION OF CHILDREN AND WOMEN

1. Sri Lanka has made excellent overall progress in improving health and living conditions. Most survival goals have been met, although low awareness of the growing AIDS problem could threaten these achievements. Per capita gross national product remains low at $580, and many areas of underserved and vulnerable mothers and children remain. Defence expenditures have increased from 8 per cent of government expenditures to over 17 per cent during the last decade. Over 1 million people, one half of them children, have been displaced since 1990, and some services have been disrupted due to civil war.

2. Sri Lanka was one of the first countries to prepare a national programme of action (NPA) for children. There was early ratification of the Convention on the Rights of the Child, and a Children's Charter and some protection legislation have been enacted.

3. Development goals remain to be accomplished. Foremost of those is the reduction of malnutrition, which has remained at around 40 per cent for children under five years of age for the last two decades. Almost one quarter of the infants born are under weight. Up to two thirds of women and 55 per cent of the children are anaemic, and there is preliminary evidence that vitamin A deficiency is widespread. Less than five per cent of mothers breast-feed exclusively. Diarrhoea remains a serious contributor to malnutrition.

4. While primary school enrolment is over 90 per cent, less than 30 per cent of fifth year pupils have reached mastery level in numeracy and literacy skills. There is little promotion of early childhood development.

5. Protection issues include sexual exploitation, often linked to tourism; the trauma and dislocation caused by war; child abuse, especially towards girls; and working children. Children have been used as combatants in the civil war. Discussion of the Convention has increased public awareness of some of those concerns, but there has been limited concrete action.

6. Given the breakthrough in child survival, UNICEF cooperation will concentrate increasingly on child development and protection.

LESSONS LEARNED FROM PAST COOPERATION

7. Sustained advocacy has brought growing understanding on the part of the Government, donors and the private sector that the malnutrition problem is not due simply to poverty, but comes about largely because of behavioural practices and poor health and water supply and sanitation conditions. However, the mid-term review indicated that much more remains to be done before an adequate political consensus is established on the nutrition issue.

8. Coordination of a multisectoral nutrition strategy required greater efforts to put intersectoral coordination higher on the political agenda. There was a need for more capacity-building and training of government personnel at all levels.

9. There is now general consensus on the existence of the child protection problems and more active involvement of non-governmental organizations (NGOs) in addressing these problems. However, serious problems of sexual exploitation and war-related trauma remain. Current efforts will need to be enhanced and expanded, largely through communities and NGOs since there is still limited

public acknowledgement and parental awareness of the scope of the protection problems.

10. The country programme was adapted to cope with less supplementary funding than had been planned. While the scope of activity was curtailed, adaptations of the programme were possible, and child survival gains were sustained and extended. It proved possible to mobilize greater private sector, NGO and government inputs, and the Government accepted increasing responsibility for vaccine procurement.

PROPOSED COUNTRY PROGRAMME STRATEGY

11. The overall goal of the proposed country programme will be to achieve survival, development, protection and participation rights of all children. Capacity-building and advocacy will be the principal strategies, with limited support for service delivery for underserved, unreached and displaced populations. All approaches will be implemented through a process of assessment of the problem, analysis of the causes and the design of resource relevant action (the triple A approach), followed by a reassessment. Further efforts will be made to enhance monitoring implementation of the Convention at all levels of Government, to establish a Convention-related database and to advocate for increased financial inputs to child rights-related programmes.

12. Efforts will be made at the national level to ensure that there is no faltering of progress towards the goals which remain to be accomplished. Service delivery will address disparity reduction and will entail a focus on areas affected by armed conflict and estates. Efforts will concentrate largely on advocacy and monitoring in the case of the expanded programme on immunization, safe motherhood and early childhood development. Additional support for training in AIDS awareness and prevention will be required to enhance national capacity necessary for sustaining survival achievements.

13. Child protection rights are being abused through child labour/domestic service, as well as sexual exploitation, and abuse will be targeted through support for advocacy, partnerships with NGOs and capacity-building of the legal structure. Ongoing efforts to identify clear monitoring indicators will be strengthened as the proposed programme is finalized. Participation rights of children will be addressed through support for school and community-based education in conflict resolution. Community awareness and parent education are primary concerns.

14. With the achievement of most child survival goals, capacity-building at national and provincial levels will be the strategy used to achieve improved monitoring, surveillance and policy directions. For example, enhancing cost analysis skills should improve the use of resources. UNICEF will support national immunization days for polio eradication. Advocacy and communications will support the national commitment to achieving and sustaining immunization coverage above 90 per cent.

15. The safe motherhood programme will focus on surveillance and capacity-building through the training of health personnel to empower women and couples. Cost analysis of maternal and child health services and advocacy for greater NPA allocations to ensure sustainability will be supported. The growing AIDS problem will be addressed by the promotion of behavioural changes through school-based interventions and non-formal channels to reach vulnerable groups.

16. Nutrition will be the focus of the child development programme. Inadequate care and health, particularly related to diarrhoea and acute respiratory infections (ARI), remain serious issues. Malnutrition is largely a result of inadequate care. Therefore, the programme will support education interventions and facilitate the empowerment of communities to assess, analyse and take action to remedy nutritional deficiencies. The activities will be coordinated closely with government agencies such as health, which can provide additional service delivery. The focus will be on the most vulnerable age-groups of teenage girls, pregnant mothers and children under 18 months old.

17. National policy related to nutrition focuses principally on efforts to reduce poverty. UNICEF will support a specific objective of reducing protein-energy malnutrition in selected divisions of the country. This approach will require strengthening coordination of sectors and services necessary to support such efforts. The conceptual framework which UNICEF promoted is an important policy advocacy tool. The main elements of policy advocacy will be training and public awareness campaigns. Local government and NGOs will be key actors in ensuring the success of community initiatives. Nationwide training of officials from the sectoral agencies and the administration will be a part of support efforts, in addition to advocacy for the adoption of the community-based approach in programmes funded by other donors and agencies, including the World Bank.

18. ARI and diarrhoea are immediate causes of malnutrition. These causes will be approached through awareness campaigns directed to families and will stress the importance of better home environments and management, in addition to support for the training of medical professionals.

19. The low prevalence of exclusive breast-feeding is an underlying cause of malnutrition. The programme will employ advocacy to mobilize health professionals to support breast-feeding and the production of appropriate materials for advocacy efforts. The community-based approaches will involve village-level women's groups in breast-feeding promotion.

20. Training for improved monitoring of salt quality and compliance with iodine concentration regulations will be a priority. Media efforts will continue in an effort to enhance public understanding of the importance of iodine in the diet and how to maintain salt in households. UNICEF will support social mobilization, awareness campaigns and the training of health staff on the detection and treatment of vitamin A deficiency as well as on the importance of dietary diversification and fortification. There will be support for efforts to increase national monitoring capacity.

21. In line with the Convention on the Rights of the Child and the recommendations of the World Conference on Education for All, UNICEF will support capacity-building of NGOs and government agencies to train and mobilize parents to use home facilities and the surrounding environment for early childhood development. Those efforts will be supported by advocacy through the mass media and among parents, national, provincial and local officials and the public.

22. The capacity of national institutions will be strengthened to introduce effective teaching practices, to monitor essential learning competencies and to enhance the quality of small and rural schools. Advocacy among decision makers and the general public on quality improvement will complement capacity-building.

23. The programme will support the provision of adequate legal protection and advocacy to mobilize the judiciary, politicians, parliamentarians, NGOs and community groups to ensure wider awareness of child protection rights. Training and advocacy activities will help to increase the capacity of law enforcement and judicial agencies, in conjunction with parent education, to promote compliance with relevant laws giving effect to the Convention.

24. The protection rights of children affected by violence in the north, east and other areas will be achieved through cooperation with NGOs. This will include the procurement of relief supplies, training, area-based activities in nutrition, water supply, sanitation, school and health centre rehabilitation. Most UNICEF assistance will be directed to mobilization and training activities to better enable communities to solve their own problems. Support to relieve child trauma will be undertaken through community-based mechanisms. Advocacy against the conscription of children and education for conflict resolution will be supported.

25. Child participation rights are largely unrecognized. UNICEF will support the Government, NGOs and the private sector in efforts to assure participation of children. Training and advocacy will be supported to change community attitudes towards children and to make teaching methods in schools more participatory.

26. Women's issues will be incorporated in all programme activities and will bolster efforts to increase gender awareness and gender-sensitive analysis among policy makers, programme implementors, politicians, police and the public. In this regard, a priority is to help increase the legal literacy of women and provide greater protection from violence. The programme also will promote fuller knowledge of existing women's rights, taking into consideration the declarations of the Cairo, Copenhagen and Beijing conferences.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1997-2001 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Nutrition	2 100	3 000	5 100
Health	850	1 000	1 850
Child protection (children in especially difficult circumstances)	500	500	1 000
Education	700	500	1 200
Area development	-	1 000	1 000
Emergency	-	4 500	4 500
Advocacy and social mobilization	450	-	450
Monitoring and evaluation	400	-	400
Total	5 000	10 500	15 500

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.